

Effective October 1, 2001

Application or Docket Number

10089327

(Column 1)

TOTAL CLAIMS		(Column 1)	(Column 2)
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	11	minus 20 =	—
INDEPENDENT CLAIMS	4	minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>			

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	6	11	1
Independent	2	3	1

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

TYPE ☐

RATE	FEE
BASIC FEE	370.00
X39=	
X42=	
+140=	
TOTAL	

OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	740.00
X318=	
X84=	684
+260=	
TOTAL	

ADD1

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDITIONAL FEE	

**OTHER THAN
SMALL ENTITY**

RATE	ADDITIONAL FEE
X\$18=	
X\$4=	
+280=	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL
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	FEE
X3 9=	—
X42=	—
+140=	—
TOTAL	—
ADDITIONAL FEE	—

ADDITIONAL INFORMATION:

DATE	NORMAL FEE
X\$18=	_____
X\$4=	_____
+280=	_____
TOTAL DUE	_____

RATE	ADDITIONAL
------	------------

RATE	MONTHLY FEE
X\$ 9=	_____
X42=	_____
+140=	_____
TOTAL	_____
ADDITIONAL FEE	_____

ABDI

RATE	ADDITIONAL FEE
X\$18=	
X\$4=	
+280=	
TOTAL	
ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

---If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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